

University Hospitals Home Care Services**Policy Title: Acceptance-to-Service Policy****Policy Number:** PI 5.006**Effective Date:** January 1, 2025**Last Reviewed/Updated:** January 1, 2025**Next Review Date:** December 2025**Department(s) Responsible:** Quality**Policy Approval:** Kenneth DiPippo, MHA, RN, LNHA

1. PURPOSE

The purpose of this policy is to establish a consistent and systematic approach for the acceptance of prospective patients referred for home health care services. This policy ensures that University Hospitals Home Care Services (HHA) can effectively assess whether it has the capacity to meet the patient's anticipated needs, including appropriate staffing levels, case mix, and staff competencies, while maintaining the quality of care and compliance with applicable regulations under § 484.105(i).

2. POLICY STATEMENT

University Hospitals Home Care Services will develop, implement, and maintain a policy for accepting patients for home health care services. The agency will assess each prospective patient based on the following criteria: anticipated needs, case load and case mix, staffing levels, and the skills and competencies of its staff. The policy will be applied consistently to all prospective patients referred to the agency, and no patient will be accepted for services unless the agency has the capacity to provide the necessary care. This assessment will be completed initially via the clinical intake department and should a determination not be reached, will be referred to clinical leadership: From General Intake to intake charge nurse, to specific Market to Market Manager to Agency Administrator.

3. SCOPE

This policy applies to all staff involved in the clinical intake, admission, and care planning processes for prospective patients referred to the agency, including clinical, administrative, and support staff.

4. DEFINITIONS

- **Acceptance-to-Service:** The process of evaluating and deciding whether a home health agency has the capacity to meet the needs of a prospective patient. University Hospitals Home Care Services initiates a capacity chat for real time information by market. This is completed by the PSC and final determination is market managers.
- **Case Load:** The number of patients currently under the care of the agency's staff at any given time. This is discussed daily in the HRO with all office team members.
- **Case Mix:** The diversity of patient needs, including medical complexity, diagnostic categories, and acuity levels of the patients currently being served by the agency. University Hospitals Home Care is unable to accept:
 - Patients that need a Home Health Aide in the Ravenna (East 3) area
 - Patients that need pediatric speech therapy
 - Patients that are not being treated for behavioral health issues
 - Patients with a history of violence
 - Patients with blood product or blood infusion needs
 - Patients with mini chest tube
 - Non-compliant providers that have patient oversight
- **Staffing Levels:** The number and availability of staff available to provide care, including registered nurses, therapists, and home health aides.
 - Managed by each market as denoted by each discipline schedule– refer to daily schedules
- **Competency:** The skills and abilities of the agency's staff to meet the specific needs of the prospective patient. Refer to policy regarding training and education for all clinical staff/personnel. Policy SD 9.010 Competence of Clinical Staff

5. PROCEDURE –

5.1 Evaluation of Referrals: University Hospitals Home Care Services utilizes the intake referral process manual.

1. **Referral Intake:** Upon receipt of a referral, the clinical intake coordinator will gather all necessary patient information, including the prospective patient's medical history, diagnosis, prescribed treatments, and specific care needs.

2. **Assessment of Needs:** The clinical intake coordinator or clinical supervisor will assess the prospective patient's anticipated needs. This includes reviewing:
 - The patient's clinical condition and care requirements.
 - The required frequency and type of services (e.g., nursing visits, therapy, home health aide support). This will be subject to change due to patient presentation once the Case Manager has performed an in-person initial assessment of the patient.
 - Any special requirements (e.g., wound care, IV therapy services).

5.2 Capacity Evaluation

1. **Case Load and Case Mix Assessment:** The clinical Market will review the respective market (East, West, Central/Academic/Peds) current case load and case mix. This includes determining whether the Market has the capacity to take on additional patients with similar or higher acuity needs without compromising the care of existing patients.
 - If the Market's current case load exceeds capacity, the referral will be reviewed for priority or delayed acceptance.
2. **Staffing Level Evaluation:** The agency will evaluate staffing availability and capacity based on the following factors:
 - The number of qualified staff (e.g., registered nurses, therapists, home health aides) available to provide care.
 - The ability of the agency to staff the required visits for the prospective patient based on current employee schedules and availability.
3. **Skills and Competencies of Staff:** The agency will assess whether the clinical and non-clinical staff have the necessary competencies and training to provide appropriate care for the prospective patient's specific needs. This includes:
 - The required clinical skills and experience for specialized treatments.
 - The ability to address cultural or language preferences if necessary.

5.3 Decision-Making Process

1. **Acceptance Decision:** Based on the evaluations in sections 5.1 and 5.2, the clinical intake department, along with the Markets or CNO/Agency Administrator, will decide whether the agency has the capacity to accept the patient.
 - If the agency has the capacity to meet the patient's needs, the patient will be accepted for services.
 - If the agency lacks the necessary resources or competencies to care for the patient, the referral will be declined, and the referring party will be informed.
 - **Documentation:** All evaluations, decisions, and communications regarding the acceptance or rejection of a referral will be documented in the patient's record. The documentation will include: The reason for acceptance or denial. Document in the HH Coordinator note in the patient chart
 - Referring Provide will be notified. Complete a telephone encounter and coordinator both acceptance and declination.
 - Any identified capacity limitations that impacted the decision.

5.4 Communication with Referring Party

1. **Notification:** The referring physician or facility will be promptly notified of the decision to accept or decline the patient.
2. **Referral Follow-up:** If the patient is accepted, the clinical intake department will initiate the admission process and proceed to assignment of the patient to a scheduler and assigned to a qualified Case Manager, to complete the initial assessment. If declined after the patient is scheduled, the referring party will be informed.

6. COMPLIANCE AND QUALITY ASSURANCE

- **Monitoring:** The agency will daily monitor its capacity and staffing levels to ensure that the acceptance-to-service policy is applied consistently, and that the agency remains compliant with this policy.
- **Review:** This policy will be reviewed annually or as needed to ensure compliance with regulatory changes or operational adjustments.
- **Training:** All relevant staff will be trained on this policy and procedure, to ensure consistent application in all patient referrals.

- Public facing information will be reviewed and updated annually or as frequently as services are changed

7. RESPONSIBILITIES

- **Clinical Care Coordinators:** Responsible for evaluating the patient's needs and coordinating with clinical field staff to support accurate assessment of the agency's capacity.
- **Intake/Assistant Market Manager:** Responsible for making the final decision regarding patient acceptance based on case load, case mix, staffing levels, and staff competencies.
- **Nursing Intake Coordinators and Admins:** Responsible for gathering all relevant patient information and initiating the referral process.

8. REFERENCES

- 42 CFR § 484.105(i) – Conditions of Participation for Home Health Agencies